



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.electricians@tdlr.texas.gov

ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

1. NAME – Write your name as it appears on your electrician, wireman, or appliance installer license.
2. LICENSE NUMBER– Write your complete license number as it appears on your license.
3. LICENSE TYPE - Select the license type you want to update and/or request a duplicate license
4. DUPLICATE LICENSE REQUEST - Check this box if you want a duplicate of your license. Include the \$25 fee.
5. CHANGE MY NAME - Write your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change.
6. CHANGE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
7. CHANGE MY PHYSICAL ADDRESS - Write your new physical address. This address cannot be a post office box.
8. CHANGE MY PHONE NUMBER - Write your new phone number and include your area code.
9. CHANGE MY EMAIL ADDRESS – Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
10. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



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DO NOT WRITE ABOVE THIS LINE

DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)

1. Name: (As it appears on your electrician license)

Last

First

Middle Initial

Suffix (JR, SR, III)

2. License Number:

3. License Type:

- ☐ Journeyman Electrician ☐ Master Electrician ☐ Maintenance Electrician ☐ Residential Wireman
☐ Journeyman Sign Electrician ☐ Master Sign Electrician ☐ Residential Appliance Installer

DUPLICATE LICENSE REQUEST

4. ☐ I am requesting a duplicate/reprint of my license (\$25 fee required)

NAME CHANGE

5. Change My Name: (submit a copy of a government ID or legal document approving your name change)

Last

First

Middle

Suffix

CONTACT INFORMATION

6. Change My Mailing Address: (PO box can be used for the address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

7. Change My Physical Address: (PO box cannot be used for the address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

8. Change My Phone Number

(_____) _____
Area Code Phone Number

9. Change My Email Address

Email address (ex: johndoe@aol.com) (See Instruction sheet for disclosure information)

10. Date and Signature:

Date Signed

Signature of Licensee